

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0662923 AB

DOCUMENT # F01000002767

1. Entity Name
HOMEFIRST FINANCIAL SERVICES CORP.



FILED

03 MAY 14 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
207 SOUTH ALFRED STREET
ALEXANDRIA VA 22314

Mailing Address
207 SOUTH ALFRED STREET
ALEXANDRIA VA 22314

2. Principal Place of Business
207 South Alfred Street

3. Mailing Address
207 South Alfred Street

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Alexandria Virginia

City & State
Alexandria Virginia

4. FEI Number 54-1660873

Applied For
Not Applicable

Zip
22314-3638

Country
USA

Zip
22314-3638

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KUNDINGER, GREGORY L 207 SOUTH ALFRED STREET ALEXANDRIA VA 22314	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLIFFORD, JULES 207 SOUTH ALFRED STREET ALEXANDRIA VA 22314	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lari Anne Kundinger 2714 Lorcom Lane Arlington, Virginia 22207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Martin R. Maher 207 South Alfred Street Alexandria, VA 22314	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: Gregory L Kundinger President/CEO

05/12/2003

Date Daytime Phone #

CR2E034 (10/02)